



UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF WEST VIRGINIA

Billy Ferguson 3542337

(Enter above the full name of the plaintiff
or plaintiffs in this action).

(Inmate Reg. # of each Plaintiff)

VERSUS

CIVIL ACTION NO. 3:16-cv-00452
(Number to be assigned by Court)

Medical administrator

(Enter above the full name of the defendant
or defendants in this action)

COMPLAINT

I. Previous Lawsuits

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment?

Yes _____

No ✓

B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit:

Plaintiffs: _____

Defendants: _____

2. Court (if federal court, name the district; if state court, name the county);

3. Docket Number: _____

4. Name of judge to whom case was assigned:

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

6. Approximate date of filing lawsuit: _____

7. Approximate date of disposition: _____

II. Place of Present Confinement: Western Regional Jail

A. Is there a prisoner grievance procedure in this institution?

Yes ✓ No NO

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

Yes _____ No ✓

C. If you answer is YES:

1. What steps did you take? _____

2. What was the result? _____

D. If your answer is NO, explain why not: I feel as if they all work

together and it would have been overlooked or brushed to the side,

But I did send a message to medical about it thru the Kiosk.

III. Parties

(In item A below, place your name and inmate registration number in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff: Billy Ferguson 3542337

Address: WRJ One O'Hanlon Place Barboursville, WV 25504

B. Additional Plaintiff(s) and Address(es): _____

(In item C below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item D for the names, positions, and places of employment of any additional defendants.)

C. Defendant: Medical staff

is employed as: Nurses

at Western Regional Jail

D. Additional defendants: _____

IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

Had surgery on my hand from here. When I went to have my cast removed the surgeon said that if I didn't gain full movement within 2 weeks to come back and he would go back in and work on it. 2 weeks went by, I told the nurses, they said they would make an appointment. ~~After~~ I kept asking them every day. They kept telling me the same thing, that they would make an appointment, never did. I went to court in Ohio for a few weeks, and when I came back, I explained everything to her. She said she would check into it. Nothing was ever done, And now my hand will probly give me problems for the rest of my life.

IV. Statement of Claim (continued):

V. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments.
Cite no cases or statutes.

I want all my medical bills to be paid for on my behalf when I get
~~out~~ out and have it worked on. I want the medical school to be
trained better ~~before~~ before hired. And I want 125 thousand
dollars for my pain and suffering.

V. Relief (continued)):

VII. Counsel

- A. If someone other than a lawyer is assisting you in preparing this case, state the person's name:

- B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action?

Yes _____ No ✓

If so, state the name(s) and address(es) of each lawyer contacted:

If not, state your reasons: I don't the means to talk to a lawyer nor

do I have the money to hire one.

- C. Have you previously had a lawyer representing you in a civil action in this court?

Yes _____ No ✓

If so, state the lawyer's name and address:

Signed this 9th day of January, 2016.

Billy Ferguson

Signature of Plaintiff or Plaintiffs

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 1-9-16.
(Date)

Billy Ferguson

Signature of Movant/Plaintiff

Signature of Attorney
(if any)

Billy Feigelson 3542337
c/o RD
One Charbon Place
Barboursville, WV 25504

THIS PERSON IS AN INMATE
OF WESTERN REGIONAL JAIL

Clerk, United States District Court
845 Fifth Avenue, Room 101
Huntington, West Virginia 25701

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